



**CANDIDATE'S STATEMENT OF ORGANIZATION AND
DESIGNATION OF PRINCIPAL COMMITTEE OR EXPLORATORY COMMITTEE**

(CFA-1)

State Form 4604 (R13/9-10)

Indiana Election Commission (IC 3-9-1-3; IC 3-9-1-4; IC 3-9-1-5)

PLEASE TYPE OR PRINT LEGIBLY IN BLACK INK. SEE INSTRUCTIONS ON REVERSE SIDE.

FILE NUMBER

1. IS THIS AN AMENDMENT? ☒ No ☐ Yes If Yes, please enter the file number in this box →

SECTION A. CANDIDATE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

2. Last Name Salmon		First Name Erica		Middle Name A	Nickname	3. Type of Committee (Check one) <input checked="" type="checkbox"/> Candidate's Principal Committee <input type="checkbox"/> Exploratory Committee
4. Mailing Address 507 Oak Blvd S DR				5. FAX (Optional)		6. E-mail Address (Optional) ericasalmon628@gmail.com
7. City Greenfield	State IN	ZIP Code 46140	8. County Hancock	9. Telephone (Day) (317) 403 2694	10. Telephone (Evening)	
11. Party Affiliation <input type="checkbox"/> Democratic <input type="checkbox"/> Libertarian <input checked="" type="checkbox"/> Republican <input type="checkbox"/> Other				12. Office Sought (Include district number, if any. Not required for an exploratory committee.) Clerk Treasurer		

SECTION B. COMMITTEE INFORMATION: Fill in all applicable boxes as fully and accurately as possible.

13. Full Name of Committee (Do not abbreviate) <input type="checkbox"/> Check if this is a new name Committee to Elect Erica Salmon						
14. Mailing Address <input type="checkbox"/> Check if this is a new address 507 Oak Blvd S DR				15. FAX (Optional)		16. E-mail Address (Optional)
17. City Greenfield	State IN	ZIP Code 46140	18. County Hancock	19. Telephone (317) 403 2694	20. Committee Organization Date (MM-DD-YY) 1/30/2015	
21. Chairperson's Full Name <input checked="" type="checkbox"/> Designate Candidate as Chairperson <input type="checkbox"/> Check if this is a new chairperson Erica Salmon						
22. Mailing Address <input type="checkbox"/> Check if this is a new address 507 Oak Blvd S DR				23. FAX (Optional)		24. E-mail Address (Optional) ericasalmon628@gmail.com
25. City Greenfield	State IN	ZIP Code 46140	26. County Hancock	27. Telephone (Day) (317) 403 2694	28. Telephone (Evening)	
29. Bank or Other Depositories (List all banks or other depositories in which the committee deposits funds, holds accounts, rents safety deposit boxes or maintains funds.) Greenfield Bank						
30. Exploratory Committee (Give brief statement explaining purpose of an exploratory committee only.)				31. Salaries and Reimbursements (Will the committee pay the candidate a salary or reimbursement for lost wages? If Yes, attach a copy of the contract.) <input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		

SECTION C. APPOINTMENT OF TREASURER (IC 3-9-1-14)

32. I, as Chairperson of the foregoing committee, appoint the following person as Treasurer of the Committee Erica Salmon			Signature of the Committee Chairperson Erica Salmon			
33. Treasurer's Full Name <input checked="" type="checkbox"/> Designate candidate as treasurer <input type="checkbox"/> Check if this is a new treasurer Erica Ann Salmon						
34. Mailing Address <input type="checkbox"/> Check if this is a new address 507 Oak Blvd S DR				35. FAX (Optional)		36. E-mail Address (Optional) ericasalmon628@gmail.com
37. City Greenfield	State IN	ZIP Code 46140	38. County Hancock	39. Telephone (Day) (317) 403 2694	40. Telephone (Evening)	

SECTION D. ACCEPTANCE OF APPOINTMENT (IC 3-9-1-15)

41. I give notice that I accept the duties and responsibilities of Treasurer of this Committee. I am not the chairperson of a campaign finance committee (except as permitted for a candidate committee under IC 3-9-1-7).		Signature of Person Accepting Appointment Erica Salmon
--	--	--

SECTION E. CERTIFICATION OF STATEMENT

We certify as the candidate and the duly appointed Chairperson of the Committee and that we have examined this statement. To the best of our knowledge and belief it is true, correct and complete.

42. Typed or Printed Name of Chairperson Erica Salmon	Signature of Chairperson Erica Salmon	Date (MM-DD-YY) 1-30-15
43. Typed or Printed Name of Candidate Erica Salmon	Signature of Candidate Erica Salmon	Date (MM-DD-YY) 1-30-2015

Warning: State law requires that any change in this information be reported within 10 days of the change (IC 3-9-1-10). A person who knowingly files a fraudulent report commits a Class D felony (IC 3-14-1-13). A person who fails to file a complete or accurate report as required by the Indiana Campaign Finance Law commits a Class B misdemeanor (IC 3-14-1-14), and may be subject to civil penalties (IC 3-9-4-16, IC 3-9-4-17, and IC 3-9-4-18).

FOR OFFICE USE ONLY

Myra A. Edwards

JAN 30 2015

FILED